

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023889

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 45-62

FILED JUL 5 1962

1. PLACE OF DEATH

a. COUNTY

McDonald

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN NoelLength of stay in lb
Since 1949c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION At Home Northwest of townInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY McDonald

c. CITY
OR
TOWN NoelInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
Rt. # 1Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Ethel

Middle

Edmonds

Last

4. DATE
OF
DEATH

Month

Day

Year

June

22

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-21-1891

9. AGE (last birthday)

71

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Same

11. BIRTHPLACE (City and state or country)

Concordia, Kansas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John Henry Childs

13b. MOTHER'S MAIDEN NAME

Katherine (Unknown)

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

Address

OTTO Weichold- Noel, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Occlusion 36 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Pendulous Adiposities & Ventral Abdominal Hernia

PART III. If deceased was female was
pregnant in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 1961 to June, 1962 and last saw her alive on June 19, 1962
Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

June 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Pond Creek Cem. Pond Creek, Oklahoma

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

HUMPHREY FUNERAL HOME, Pineville, Mo.

25. DATE RECD. BY LOCAL REG.

June 27, 1962

26. REGISTRAR'S SIGNATURE

Mary A. Bradley

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0600

2 0600

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9 4201

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11

12 90-2

13 1-0

AUG 14 1962

Permit issued 6/22/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Douglas D. Mooney, Student Embalmer No. 668

working under my personal supervision.

Student Douglas D. Mooney
Signature of Student Embalmer

Signed Walter D. Ward

Licensed Embalmer No. 5172

P. O. Address Nail, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.